GUIDELINES FOR OFF CAMPUS TRAVEL

To ensure your safety and that of other Veteran Residents and DVA Staff please follow the following procedures when traveling off Campus:

1. No more than two Veteran Residents may travel in a single vehicle;

2. Facial coverings are encouraged for wear at all times and required for wear in accordance with Governor Lamont's Executive Orders pertaining to reopening Connecticut;

3. Social distancing of at least six feet between persons, except as otherwise stated herein, to be observed at all times;

4. Gatherings of more than five persons are to be avoided;

5. Personal hygiene – frequent handwashing and washing clothing at high temperature settings;

6. Adhere to all reopening guidelines, Executive Orders, laws, and regulations for visiting any public or private facility while on pass.

7. Upon return to campus Veteran Resident vehicles and or packages may be subject to visual inspection.

8. Upon returning to campus Veteran Residents must report to the Residential Supervisors Office to turn in their pass and to complete the travel screening form.

RETURN FROM TRAVEL SHORTENED SCREENING FORM

VETERAN NAME: **WING:**   **TIME OF RETURN:**_____

While off campus on pass did you come in contact with anyone that presented with possible symptoms of Coronavirus (Cough, Fever or Shortness of Breath) Yes   No

While off campus did you have contact with anyone who has been in the New York City metropolitan area?   Yes   No

Did you attend any gatherings or recreational events of over 10 people indoors/25 outdoors? Yes   No

If so please describe: _____

**Did you practice Social Distancing as recommended?
Yes   No**

**In the past 24 hours have you had any of the following symptoms: Please circle
(If positive response to items 1 – 3, negative response to item 4 or if Veteran has any of the below symptoms below, Veteran is to be referred for medical screening and further evaluation.)**

Cough	**Inability to awaken/stay**	**Headache**
Chills	**awake**	**Congestion**
Chest Pressure	**Difficult breathing**	**Sore Throat**
Shortness of Breath	**Muscle Pain**	**Loss of smell or taste**
Shaking with chills	**Bluish lips or face**	**Unexplained Confusion**
	Fever of 99 or greater	

VETERAN RESIDENT SIGNATURE: _____

DATE:_____